



Acute lymphoblastic Leukemia

Rec

Age at Diagnosis: 1 year

by 1st

Presentation: 1 yr

6 cell 44

Initial TLC: 5.7k

CXR: > 1/3 Yes/No

Liver: Bulky Yes/No

Spleen: Bulky Yes/No

B/L testis: normal/Enlarged

Bone Marrow/Peripheral blood: 20% - 45% blasts

15% - 20% blasts

Flowcytometry/IPF: call for 2 cell 44

Cytogenetics: available

CSF TLC/DL/CRIC

Malignant cells

Day 8 Absolute Blast Count

Day 35: Bone Marrow

MRD

EOC (T-ALL/Refractory): Bone marrow

MRD

Initial Risk: Intermediate risk

Final Risk

Diagnosis: Acute ALL**HEMATOLOGY CASE RECORD**Name: A. D.Age/Sex: 6y/MFather's Name: K. D. Ram Date ofAdmission: 11/1/22Address: Thud Angi, 2<sup>nd</sup> Suburban, Agre, UPPh./Mob.: 9776106297Blood Group: \_\_\_\_\_ Weight: 14.6 kg Height: 104 cm Surface Area: 0.62 m<sup>2</sup>

Anthropometry: Wt/Age

14.6 kg

Ht/Age

104 cm

W/H

MUAC

**SYMPTOMS:** (mention duration of each symptom)Fever: x 3 daysPallor: + 1500 g

Skin bleeds: \_\_\_\_\_

Epistaxis: \_\_\_\_\_

Other bleeds: \_\_\_\_\_

Lymphadenopathy: \_\_\_\_\_

Bone pains: \_\_\_\_\_

Joint pain: \_\_\_\_\_

Eye Swelling: \_\_\_\_\_

**SIGNS**Pallor: 3

Skin bleeds: \_\_\_\_\_

Lymphadenopathy (size/sites): \_\_\_\_\_

Joint swelling: \_\_\_\_\_

Liver (cms): 5 cms > mid-umbilicus: yes / no: \_\_\_\_\_Spleen (cms): 12 cm > mid-umbilicus: yes / no: \_\_\_\_\_

Other lump(s): \_\_\_\_\_

Testes: \_\_\_\_\_

Meningeal signs/Focal Neurological: 0Deficit: 0

Fundus: \_\_\_\_\_

**Resp System****CVS**

Provisional Clinical Diagnosis: \_\_\_\_\_



Request No.	Material ID	Centre Name	MR. SUDHAR ALPINA
Ref. No.	Ref. Date	Accession ID	PD2204170000
Request Date	17/Jan/2023 01:42PM	Reference By	ICCM
Request Time	18/Jan/2023 10:55AM	Request Date	17/Jan/2023 07:00PM
Requester Name	STRAK/0121	Ref. No./Ref. No.	-

**DEPARTMENT OF MOLECULAR DIAGNOSTICS-I**

The *ABL1-17q21* gene translocation, or t(4;11)(q21;q23) has been reported in 3-5% of pediatric and adult ALL patients. The presence of the translocation is an indicator of unfavorable prognosis.

**Test Availability and Limitations:**

The analytical sensitivity of the assay ranges from  $10^{-3}$  to  $10^{-4}$  for each of the translocations studied. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.

PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been developed and its performance evaluated at Oncquest Laboratories Ltd.

Number of Copies:   
 Chromosomal Abnormality: *Not Specified*

**\*\*\* End Of Report \*\*\***

- 1. We warrant that the results reported herein are the results submitted to the lab.
- 2. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 3. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 4. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 5. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 6. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 7. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 8. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 9. We do not warrant or assume any liability for the quality of the sample received by the lab.
- 10. We do not warrant or assume any liability for the quality of the sample received by the lab.



*Signature*  
Dr. [Name]  
[Title]  
[Address]  
[Phone]

*Signature*  
Dr. [Name]  
[Title]  
[Address]  
[Phone]

CHPC 1302/23

MINISTRY OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA  
KALAWATI SARAN CHILDREN'S HOSPITAL - NEW DELHI  
TYPE III DAILY SHEET

Form No. 10  
KCH/11/11

Patient Name:                       
Age:                       
Sex:                       
Date of Admission: 21/4  
Name of Referring Doctor:                       
Occupation:                       
Date and Time of Admission: 11/4/23  
IPD No.:                     

Alibi  
Gyft  
A - Bill All (Inclusion phase)  
Inclusion lab

Date:                      Time:                      Treatment Orders:                     

Kindly give double dose Hep A vaccination first

Adv

by Hepatitis A vaccine 1st dose  
(0.5 ml)

20/4/23

Colab 9/10/23

Just

Noted.  
Kindly advise regularly. (Mg)

Dr Diny  
9871752223  
JK

D. Add  
10/1

by Hep A vaccine and 1st dose

D. Add

## SPECIAL HEMATOLOGY LABORATORY

DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE AND ASSOCIATED HOSPITALS, NEW DELHI

## FLOW CYTOMETRY REPORT

LAB REFERENCE NO: 15/23

RMA: 235/23

DATE: 12/02/23

NAME	AGE/SEX	REG NO	HOSPITAL	UNIT	DOCTOR IN CHARGE
M1012	6yr/M	11303	RSC	V2	

Type of specimen: Peripheral Blood

Total cell count of sample:  $12.1 \times 10^9/L$ 

Percentage of gated population: 40%.

Gating strategy: FSC vs SSC SSC vs CD45

Intensity of CD45 expression on Gated population: dim-negative.

MARKERS	RESULT	INTENSITY	INTERPRETATION
<b>T CELL MARKERS</b>			
CD3			Negative
CD5			Negative
CD7			Negative
CD8			Negative
CD4			
CD8			
CD1a			
<b>B Cell Markers</b>			
CD19	87%	moderate	Positive
CD79a	84%	moderate	Positive
CD10	87%	moderate-high	Positive
CD22			Negative
CD20			
light			
CD19 & CD10 coexpression	87%		
<b>Myeloid markers</b>			
CD13			
CD33			
CD14			
CD15			
MPO			Negative
<b>Immaturity markers</b>			
HLA-DR	32%	dim-moderate	Positive
CD34			Negative
CD117			Negative
TdT	85%	moderate	Positive



Name	XXXXXXXXXX	Centre Name	THE BLOOD BANK
Age	27M	Number ID	XXXXXXXXXX
Reference No.	XXXXXXXXXX	Received By	XXXX
Received Date	17/04/2023	Report Date	17/04/2023
Registration No.	XXXXXXXXXX	Reg. No./Lab No.	XXXXXXXXXX

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I

Acute lymphoblastic Leukemia Translocation Panel  
 Acute Lymphoblastic Leukemia Translocation Panel (Qualitative)  
 Multiple RT-PCR & Gel Electrophoresis  
 Specimen type: EDTA Bone Marrow

TRANSLOCATION STATUS OF TRANSLUCATION	
11q22::q14 (MLL)	Not detected
12p13::q13 (TEL)	Not detected
11q23::q23 (MLL2)	Not detected
11q23::q23 (MLL2)	Not detected

**Result:**  
 The target transcripts for *BCR::ABL1*, *TEL::BCR::ABL1* and *MLL2::ITD* were not detected in the specimen of the specimen.

**Interpretation:**  
 This multiple RT-PCR assay addresses interrogation of the translocation status of the five major gene translocations of importance in Acute Lymphoblastic Leukemia. The analytical sensitivity of the assay ranges from  $10^2$  to  $10^4$  for each of the translocations studied.  
 The *BCR::ABL1* gene translocation, or t(9;22)(q34;q11) is found in more than 95% patients of CML, 5% patients of pediatric, and 15-20% patients of adult B-ALL. Detection of *BCR::ABL1* transcript establishes the diagnosis of CML, and denotes an unfavorable prognosis in ALL. This Test detects the Major (M-BCR) and Minor (m-BCR) transcripts corresponding to p210 and p190 Bcr protein respectively.  
 The *TEL::BCR::ABL1* gene translocation, or t(12;21)(p13;q22) has been reported in 20-25% patients of pediatric pre-B-ALL in the Caucasian race and 5-10% patients of pediatric pre-B-ALL in the Indian population. The presence of this translocation is an indicator of favorable prognosis and longer DFS.  
 The *MLL2::ITD* gene translocation, or t(11;23)(q23;q11) has been reported in 1-6% of ALL patients and more than 20% patients of pediatric pre-B-ALL. The presence of the translocation is an indicator of unfavorable prognosis.

UNQUEST  
 XXXXXXXX  
 XXXXXXXX  
 XXXXXXXX

XXXXXXXXXX  
 XXXXXXXX  
 XXXXXXXX  
 XXXXXXXX

OTHERS			
CD11a			
CD11c			
CD56			
CD16			
GLYCOPHORIN			
CD45			

Impression:

Flow cytometric analysis shows approximately 40 % of blasts showing

expression of CD10

Moderate expression of CD19, CD79a, HLA-DR, TdT

Low expression of

Negative for T cell markers and MPO

Co-expression of CD10 and CD19 (87%)

The cellular parameter and antigen distribution of peripheral blood bone marrow precursors in this cytometric study are suggestive of

CALLA positive B-cell Acute Lymphoblastic Leukemia

*[Signature]*  
 Dr. Srujanika Rout  
 Dr. [unclear]  
 13/7/23



- Hb
- HbA1c
- HbV
- UTT: HCT, H, I, SLEP, SLEP, ALP
- KFT: Creat, Creatinine, Urea, Acid
- S-Calcium, Phosphorus
- CXR
- Medical History
- Drug Allergies

• CT

• PCP Scan

• Risk Assessment

• Age: 75

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

• Risk: 10-15% (10-15% per year)

**FINAL DIAGNOSIS** (Type II DM)

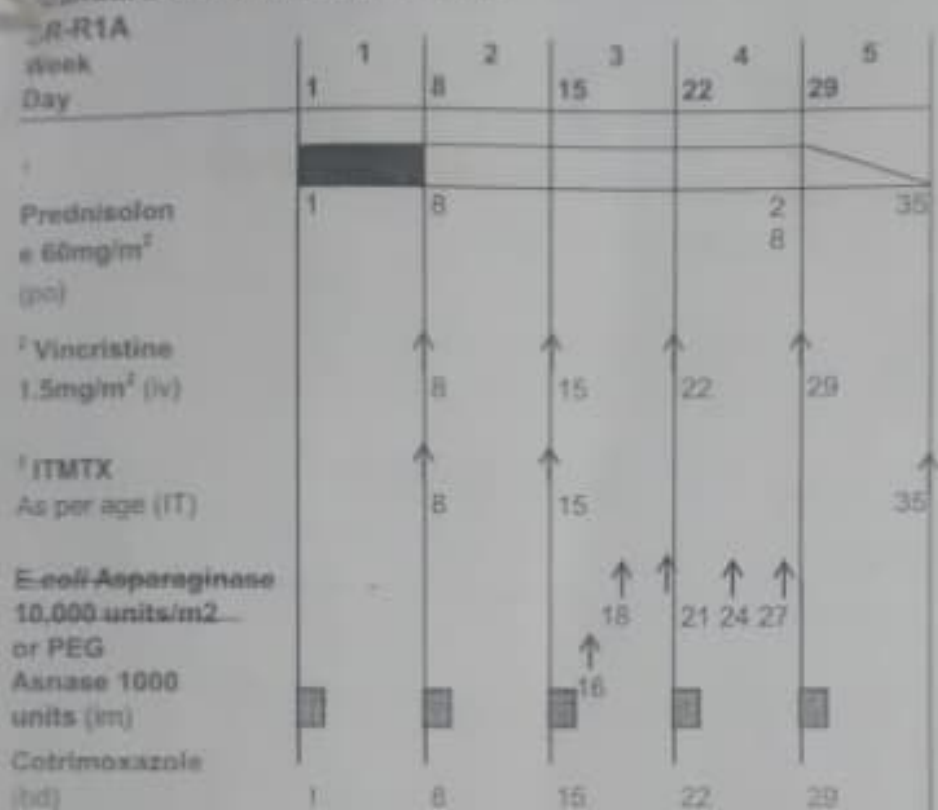
• Date treatment started

• All treatment (NICE 2010)

• Risk Assessment (good risk)

• Final protocol

## Standard Risk, Induction Phase



<sup>1</sup> Prednisolone: given in three divided doses

<sup>2</sup> Vincristine: maximum single dose of Vincristine is 2mg

<sup>3</sup> Intrathecal Methotrexate: <2 years= 8mg, 2-Less than 3 years= 10mg, ≥3 years= 12mg

D 8 peripheral smear		Cytogenetics	
D 8 CSF cytology		D 35 Bone marrow	

Basic Hematology (HTR/LM admission)

- TB \_\_\_\_\_
- HIV \_\_\_\_\_
- DLG-S \_\_\_\_\_ % C \_\_\_\_\_ % E \_\_\_\_\_ % M \_\_\_\_\_ % H \_\_\_\_\_ % Mchc \_\_\_\_\_ % Mch \_\_\_\_\_ %

Blasts \_\_\_\_\_ %

- Platelets \_\_\_\_\_
- Serum \_\_\_\_\_

Exam

- BMA (No  $\bar{B}$ ) | 21 | 1 - Report

- Morphological Subtype

- Special Stains
  - MPO
  - PAS
  - Peroxidase
  - Other

- Immunophenotyping *CALLA positive* *bccl1, bcl2*

- Chromosomal studies

- Numerical
- Structural
- FISH-ABL

*with 1, 4, 10, 17, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000*

- BM biopsy (No) report

- BM biopsy report

- CSF \_\_\_\_\_ CNS Status

- CNSAC (No)

- LN biopsy (No)

- JEPN (blast/ret number)

- D 14 marrow (write percentage of)

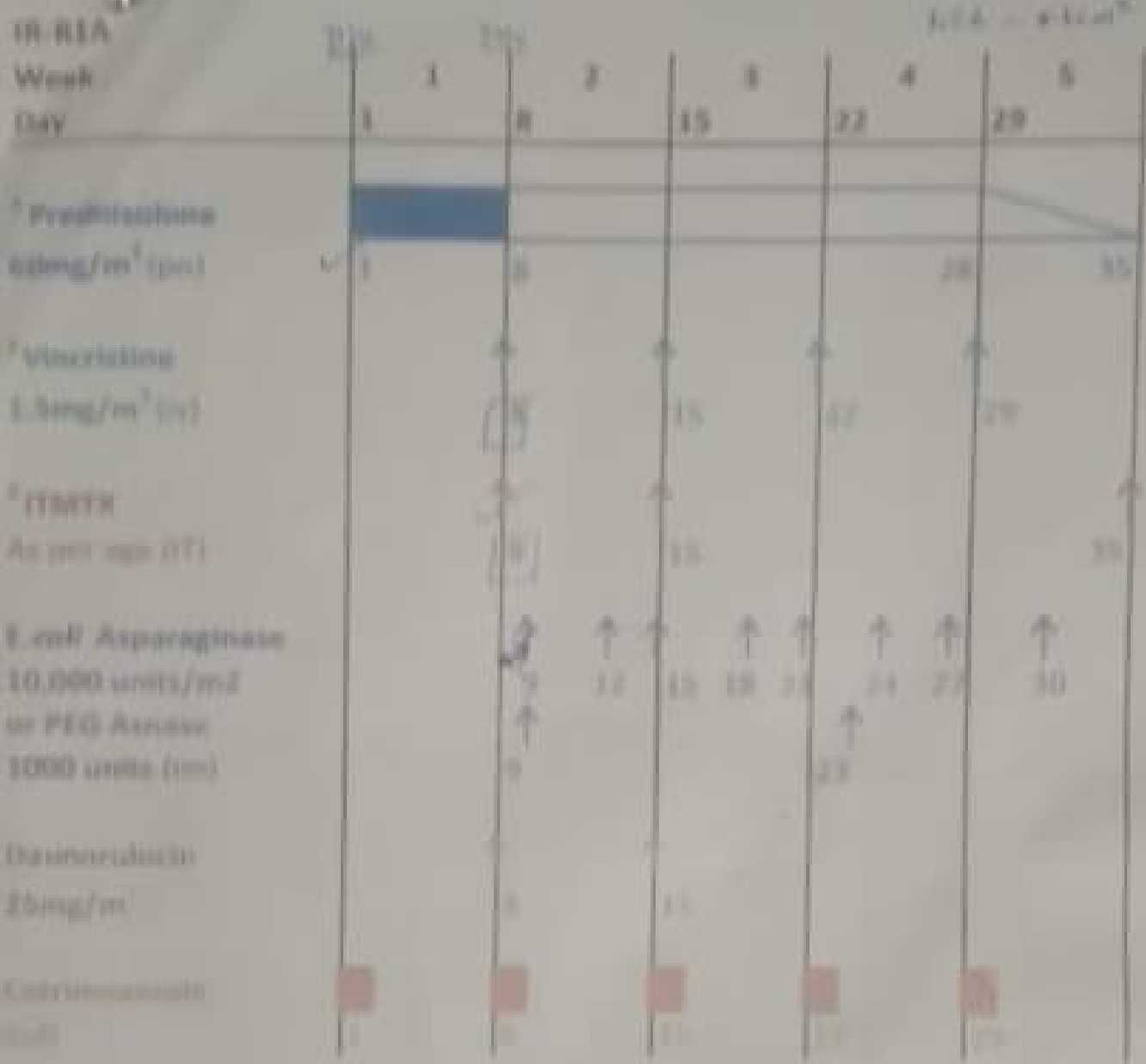
blasts

**OTHER TESTS**

- Mx test *negative*

# Intermediate Risk, Induction phase

$WBC = 14 \times 10^9/l$   
 $Hb = 50g/l$   
 $PLT = 41 \times 10^9/l$



<sup>1</sup> Prednisolone: given in three divided doses

<sup>2</sup> Vincristine: maximum single dose of Vincristine is 2mg

<sup>3</sup> Intrathecal Methotrexate: <2 years= 8mg; 2 years (80x10<sup>9</sup>)= 10mg; >2 years= 12





# JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076  
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. ....

26-04-2023

Date .....

सेवा में

संस्थापक महोदय

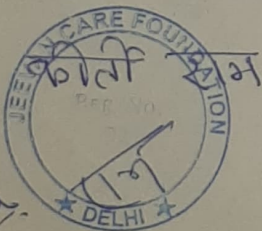
जीवन केयर फाउंडेशन

दिल्ली

महोदय, मैं किर्ति राम आलोक का पिता। आपके संस्था से आवेदन करता हूँ की हमारे बच्चे को जीवन दान दे। हमारा बच्चा बन्स कैंसर से पीड़ित है। इसका इलाज प्रसिद्ध सिंगल ही जा रहा है। कैंसर ऐसा बिमारी है जो की शरीर को पूरी तरीके से खत्म कर देता है।

कृपया करके हमारे बच्चे का आर्थिक रूप से सहायता करें। आपका सहायता बहुत था। महत्वपूर्ण है। आपके सहायता से हमारे बच्चे का जीवन बच सकता है।

आपका आभारी



Request  
Accepted